

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/541368

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/	/			52						
3		/	/	/			53						
4		/	/	/			54						
5		/	/	/			55						
6		/	/	/			56						
7	/		/				57						
8		/	/	/			58						
9		/	/	/			59						
10		/	/	/			60						
11		/	/	/			61						
12		/	/	/			62						
13	/		/				63						
14		/	/	/			64						
15		/	/	/			65						
16		/	/	/			66						
17		/	/	/			67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	/		/				72						
23	/		/				73						
24	/		/				74						
25	/		/				75						
26	/		/				76						
27	/		/				77						
28	/		/				78						
29	/		/				79						
30							80						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	24	←	21	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	29		26				TOTAL CLAIMS						

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